



State of Ohio Department of Rehabilitation and Correction  
**Weekly Inmate Meal Evaluation**

Inmate Name \_\_\_\_\_

\_\_\_\_\_ Institution \_\_\_\_\_

\_\_\_\_\_ Inmate Number \_\_\_\_\_

|       |       |
|-------|-------|
| Date: | Meal: |
|-------|-------|

| Items:                                    | Overall Quality of the food | Overall Quality of the taste | Overall food temperatures of the meal | Are portions sizes correct per the menu | Was there a menu substitution |                          |
|---|-----------------------------|------------------------------|---------------------------------------|---|-------------------------------|--------------------------|
|   |                             |                              |                                       |   | Yes / No                      | No Sub = 3<br>Sub = 1    |
|   |                             |                              |                                       |   | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |                             |                              |                                       |   | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |                             |                              |                                       |   | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |                             |                              |                                       |   | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |                             |                              |                                       |   | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |                             |                              |                                       |   | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |                             |                              |                                       |   | <input type="checkbox"/>      | <input type="checkbox"/> |
| Rate: 3 (Good/Yes), 2 (Fair), 1 (Poor/No) |                             |                              |                                       |   |                               |                          |

**Comments:**

DRC-4228 (08/2013)



State of Ohio Department of Rehabilitation and Correction  
**Weekly Inmate Meal Evaluation**

Inmate Name \_\_\_\_\_

\_\_\_\_\_ Institution \_\_\_\_\_

\_\_\_\_\_ Inmate Number \_\_\_\_\_

|       |       |
|-------|-------|
| Date: | Meal: |
|-------|-------|

| Items:                                    | Overall Quality of the food | Overall Quality of the taste | Overall food temperatures of the meal | Are portions sizes correct per the menu | Was there a menu substitution |                          |
|---|-----------------------------|------------------------------|---------------------------------------|---|-------------------------------|--------------------------|
|   |                             |                              |                                       |   | Yes / No                      | No Sub = 3<br>Sub = 1    |
|   |                             |                              |                                       |   | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |                             |                              |                                       |   | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |                             |                              |                                       |   | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |                             |                              |                                       |   | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |                             |                              |                                       |   | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |                             |                              |                                       |   | <input type="checkbox"/>      | <input type="checkbox"/> |
|   |                             |                              |                                       |   | <input type="checkbox"/>      | <input type="checkbox"/> |
| Rate: 3 (Good/Yes), 2 (Fair), 1 (Poor/No) |                             |                              |                                       |   |                               |                          |

**Comments:**

DRC-4228 (08/2013)



State of Ohio Department of Rehabilitation and Correction

Weekly Inmate Meal Evaluation

Food Service Director

Institution

Signature

date

Date:

Meal:

Menu items:

|                                    |  |
|------------------------------------|--|
|                                    |  |
|                                    |  |
|                                    |  |
|                                    |  |
|                                    |  |
|                                    |  |
|                                    |  |
|                                    |  |
|                                    |  |
|                                    |  |
| Number of surveys rated as "Good"  |  |
| Number of surveys rated as "Fair"  |  |
| Number of surveys rated as "Poor"  |  |
| Total number of survey distributed |  |
| Total number of surveys returned   |  |

Week One: \_\_\_\_\_

Week Two: \_\_\_\_\_

Survey Results:

Total amount of surveys rated at "Good" divided by the total number of surveys returned: \_\_\_\_\_%

Total amount of surveys rated at "Fair" divided by the total number of surveys returned: \_\_\_\_\_%

Total amount of surveys rated at "Poor" divided by the total number of surveys returned: \_\_\_\_\_%

Warden, the results of the weekly inmate meal survey has been rated as above. A rating received as less than 80% of the meals are of good quality for two consecutive weeks, a plan of corrective action will be developed and implemented in coordination with the DRC Contract Monitor.

A corrective action review meeting is requested. Please response with a date: \_\_\_\_\_ and time: \_\_\_\_\_. Meeting scheduled with \_\_\_\_\_, \_\_\_\_\_ (title)

No corrective action is required.

(Retain on file for 60 days after date of survey for review by Contract Monitor)

Rating: Good (>12), Fair (<11, >8), Poor (<8)